

# **Exhibit 6**

# **PREFERRED CARE SERVICES, Inc.**

## **Participating Pharmacy Manual - Independent**

**March 2005**

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## Important Information

The following disclaimer is applicable to all telephone inquiries and automated communications systems (i.e., InfoSolutions<sup>®</sup>, telephone, fax) to Blue Cross and Blue Shield of Alabama:

The information provided is only general benefit information and is not a guarantee of payment. Benefits are always subject to the terms and limitations of the plan and no employee of Blue Cross and Blue Shield of Alabama has authority to enlarge or expand the terms of the plan. The availability of benefits is always conditioned upon the patient's coverage and the existence of a contract for plan benefits as of the date of service. A loss of coverage, as well as contract termination, can occur automatically under certain circumstances. There will be no benefits available if such circumstances occur.

The purpose of Blue Cross and Blue Shield of Alabama's pharmacy policy is to provide a guide to coverage. Pharmacy policy is not intended to dictate to physicians how to practice medicine. Physicians should exercise their medical judgment in providing the care they feel is most appropriate for their patients.

## **Dedicated Pharmacy Customer Service Telephone Number**

Our Dedicated Pharmacy Customer Service Representatives are available from 8:00 a.m. to 6:00 p.m. (Central Standard Time), Monday through Friday, at 1 800 216-9920. A voice response unit is available at all times. If the claim adjudication system rejects an otherwise valid prescription, our representatives can review the rejection and give authorization to override when necessary.

## **Pharmacy Address**

Blue Cross and Blue Shield of Alabama  
Pharmacy Benefit Management  
450 Riverchase Parkway East  
Birmingham, Alabama 35298

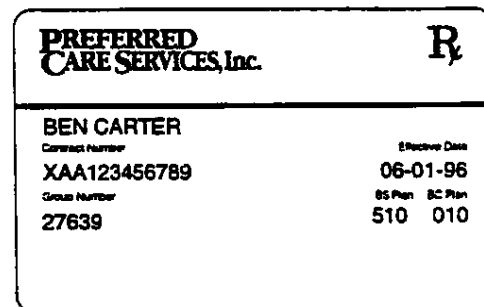
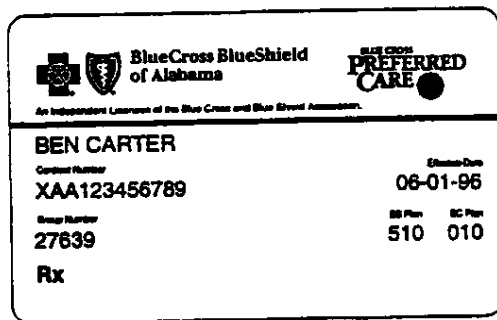
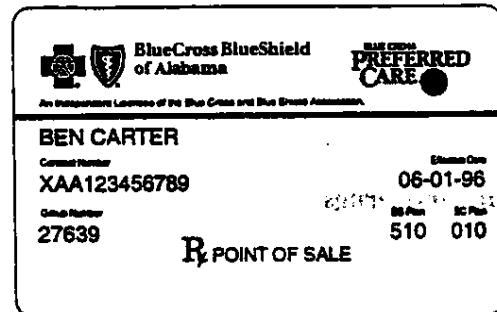
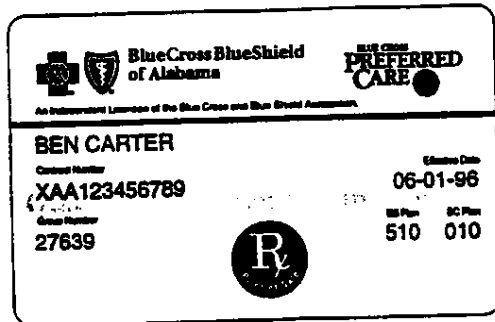
## **Pharmacy Benefit Management Web Site**

Providers are encouraged to visit our web site where they can view and print our current prescription drug information. The following information is available at [www.bcbsal.com](http://www.bcbsal.com):

- Preferred Brand Drug List
- Maintenance Drug List
- Pharmacy Prior Authorization Forms
- Drug Coverage Guidelines
- Pharmacy Policies
- Drug information on your PDA with the use of e-Pocrates Rx®

## Identification Cards and Types of Coverage

Blue Cross and Blue Shield of Alabama and Preferred Care Services, Inc. identification cards contain information needed for processing prescriptions. Be sure to list the patient's contract number exactly as it appears on the card, including alphabetic prefixes.



Blue Cross and Blue Shield of Alabama and Preferred Care Services, Inc. administers two types of prescription drug coverage that require online filing:

### Prepaid Copayment Plan

Pharmacist files online  
Computer returns copayment to collect from customer  
Customer pays copayment  
Pharmacist is reimbursed weekly

### Major Medical Point-of-Sale

Pharmacist files online  
Computer returns amount to collect  
Customer pays the allowable charge  
Customer files a claim to Blue Cross and Blue Shield of Alabama for reimbursement

Claims may be filed automatically for some groups with reimbursement to the subscriber.

## Drug Information

### National Drug Code

Always use an 11-digit national drug code (NDC). If you are uncertain what NDC to use, reference the "Red Book."

### Covered Drugs

Most legend drugs (those which bear the legend "Caution - Federal Law Prohibits Dispensing Without a Prescription") and select over-the-counter drugs are covered. Exceptions are noted below:

- **Compound Drugs**

The Pharmacy and Therapeutics Committee has reviewed the utilization of compounded products. Unapproved new drug products manufactured and distributed in commercial amounts without the Food and Drug Administration's approval present potential dangers to the public health. A policy was created to address the appropriate use of compounding drugs and the concerns regarding the safety and efficacy of these drugs.

Compound drugs must contain at least one legend drug and the finished compound must not be available as a legend or over-the-counter product nor equivalent dosage form/route of administration available. A legend drug is a medical substance whose label is required by the Federal Food, Drug, and Cosmetic Act to bear the legend "Caution: Federal law prohibits dispensing without a prescription" or have the symbol Rx on the packaging. (Compounded products must be medically necessary and may require peer-reviewed medical literature and are subject to review.) Pharmacy Review will review these compounds for medical necessity with supporting published medical literature and/or peer review studies. Documentation may be faxed to 205 220-0065. Blue Cross and Blue Shield of Alabama may not cover compounds not meeting the medical necessity criteria.

- **Oral Contraceptives**

#### **Prepaid Copayment Plans**

Oral contraceptives are covered by some groups for contraceptive reasons, however, not all. Some groups may allow oral contraceptives for specific medical conditions. Customer Service can give authorization if we have a letter of medical necessity on file.

#### **Major Medical Point-of-Sale**

Oral contraceptives are allowed at the point-of-sale for patients with Major Medical Point-of-Sale benefits. Prior authorization is not required. Medical necessity will be determined when a claim is filed.

- **Prior Authorization**

#### **Prepaid Copayment Plans**

Some drugs may require a prior authorization. For example, Humira™, Kineret®, Actiq®, Gleevec®, Enbrel®, Retin-A®, Avita®, Renova® and oral impotence drugs. For question concerning a drug that requires prior approval contact Customer Service.

#### **Major Medical Point-of-Sale**

Some of these medications are allowed at point of sale for patients with Major Medical Point-of-Sale benefits. Medical necessity will be determined when a claim is filed.

- **Insulin Needles and Syringes**  
**Prepaid Copayment Plan**

Benefits will be provided for disposable syringes and needles for injection of insulin when purchased with insulin.

Submit one line item for insulin and a second line item for syringes. Only one copayment should be charged when syringes and insulin are dispensed on the same day.

**Major Medical Point-of-Sale**

Insulin needles and syringes, lancets, blood glucose test strips and meters may be filed online when purchased with insulin.

- **Other Needles, Syringes, and Supplies**

Needles and syringes, other than those used for the injection of insulin are not accepted online. Most supplies including alcohol preps and other diabetic supplies are not accepted online. The patient must file a Major Medical claim for reimbursement. Some groups may allow diabetic supplies online, such as chemistry strips.

- **Diabetic Supply Package**

Some of our customers have a special benefit for a "Diabetic Supply Package." The package includes the standard insulin needles and syringes with no copayment when purchased with insulin on the same day. It also includes lancets with no copayment when purchased with blood glucose test strips on the same day. Groups also may have benefits for blood glucose meters under the pharmacy benefit. A copayment may or may not apply depending on the meter purchased. AccuChek® Advantage Care Kit, AccuChek® Complete Care Kit, AccuChek® Compact Care Kit, AccuChek® Active Care Kit and One Touch® Surestep System and One Touch® Ultra are the Preferred blood glucose meter.

Because of these variations in benefit design and to ensure that our customers' benefits are processed correctly, when filing insulin and syringes, insulin must be filed first, followed by the syringes. When filing blood glucose test strips, the test strips must be filed first, followed by the lancets.

Effective August 1, 2000, those customers who have a benefit that covers test strips will be eligible for one free AccuChek® Advantage Care Kit (NDC 50924-0860-01), AccuChek® Complete Care Kit (NDC 50924-0515-01), AccuChek® Compact Care Kit (NDC 50924-0019-01), AccuChek® Active Care Kit (NDC 50924-0477-01) or One Touch® Surestep System (NDC 53885-0341-01), One Touch® Ultra (NDC 53885-0247-01).

## **Dispensing Quantities**

### **Days Supply**

Drugs in excess of Federal Drug Administration (FDA) and manufacturer recommended dosage will require published medical literature that supports excessive dosing. For a complete list, see the Drug Policies listed on [www.bcbsal.com](http://www.bcbsal.com).

#### **Prepaid Copayment Plan**

Quantities are limited to a 30 or 34-day supply on all drugs except maintenance drugs.

Maintenance drugs may be dispensed in quantities that vary from group to group.

#### **Major Medical Point-of-Sale**

Quantities are limited to a 90-day supply.

### **Refills**

Benefits are provided for refills up to one year from the date of the original prescription. After one year, the prescribing physician must write a new prescription.

#### **Prepaid Copayment Plan**

In order to refill a prescription, 60 percent of the days supply must be used. Under extenuating circumstances, Customer Service can issue an override.

#### **Major Medical Point-of-Sale**

In order to refill a prescription 50 percent of the days supply must be used.

### **Exclusions**

Following is a list of exclusions:

- Any charge for administration of prescription legend drugs and injectable insulin
- Any charge for devices or appliances [e.g., hypodermic needles and syringes (for any purpose other than injection of insulin), support garments and other non-medicinal substances, regardless of their intended use]
- Services to the extent they are payable under Title XVIII of the Social Security Amendments of 1965 (Public law 89-97, 89th Congress, First Session), as amended
- The charge for any prescription or refill in excess of the number specified by the physician or any refill dispensed after one year from the physician's order
- Drugs that are primarily used for cosmetic, investigational or non-covered treatments or any drugs excluded under the terms of the member's benefit agreement
- Replacement of lost, stolen drugs or spilled drugs



## Dispense As Written Codes and Sanctions (Product Selection Codes)

DAW Code	Description
0	No product selection indicated or product selection is not an issue; for example, a prescription written for a single source brand name or generic product
1	Substitution is not allowed by the prescriber
2	Substitution is allowed, but the patient requested the product dispensed
3	Substitution is allowed, but the pharmacist selected product dispensed
4	Substitution is allowed, but a currently marketed generic drug is not in stock
5	Substitution is allowed, brand drug dispensed as a generic
6	Reserved for future use
7	Substitution not allowed – brand name mandated by law
8	Substitution is allowed, but a generic is not currently manufactured or distributed in the market place
9	Reserved by National Council of Prescription Drug Programs, Inc. (NCPDP) for future use

Blue Cross and Blue Shield of Alabama and Preferred Care Services, Inc. utilizes the National Council of Prescription Drug Program, Inc. (NCPDP) Product Selection Codes to audit its Prepaid Prescription Drug and Major Medical Point-of-Sale Programs. Be sure to use the appropriate codes when filling a prescription.

Blue Cross will verify that the correct Product Selection codes were used in accordance with the physician's written prescription.

## **Participating Pharmacy Network Reimbursement**

You will be reimbursed your customary price or the price calculated by the applicable formula, whichever is lower. Always enter your **low cash price**.

Applicable formula for drugs dispensed to members of Blue Cross and Blue Shield of Alabama and Preferred Care Services Major Medical Point of Sale groups:

### **Generic Price**

$\text{MAC} \times \text{Metric Quantity} + \$2.50 \text{ Dispensing Fee}$

### **Brand Price**

$\text{AWP} \times \text{Metric Quantity} - 12\% + \$2.00 \text{ Dispensing Fee}$

## **Select Pharmacy Network Reimbursement**

You will be reimbursed your customary price or the price calculated by the applicable formula, whichever is lower. Always enter your **low cash price**.

Applicable formula for drugs dispensed to members of Blue Cross and Blue Shield of Alabama and Preferred Care Services Drug Card groups:

### **Generic Price**

$\text{MAC} \times \text{Metric Quantity} + \$2.00 \text{ Dispensing Fee}$

### **Brand Price**

$\text{AWP} \times \text{Metric Quantity} - 15\% + \$2.00 \text{ Dispensing Fee}$

Blue Cross and Blue Shield of Alabama and Preferred Care Services utilize drug pricing provided by Medi-Span. This company supplies weekly updates for our pricing file. These updates insure that the most current average wholesale prices are used in calculating reimbursement.

## **Preferred Brand Drug List (Formulary)/Maintenance Drug List**

Blue Cross and Blue Shield of Alabama and Preferred Care Services, Inc. utilize a Pharmacy and Therapeutics Committee, which meets quarterly to review scheduled specific therapeutic classes to guide the direction of the formulary and to recommend additions and deletions to the formulary.

Pharmacy Benefit Management publishes the Preferred Brand Drug List and the Maintenance Drug List on our Internet site at [www.bcbsal.com](http://www.bcbsal.com). Please refer to these sites frequently for the most current information.

## **UPIN and DEA Numbers**

Unique Physician Identification (UPIN) or DEA numbers are required when submitting prescription claims. Blue Cross and Blue Shield of Alabama furnishes pharmacies with a UPIN Directory. If your pharmacy is in need of a new directory, please contact Pharmacy Customer Service at 1 800 216-9920. You may also utilize the following website for free UPIN information <http://www.cms.hhs.gov>.

## **BlueRx**

Blue Cross and Blue Shield of Alabama has been approved by the Centers for Medicare and Medicaid Services (CMS) to offer a Medicare Prescription drug discount card. This “no fee” discount drug card is called BlueRx and is available to all Alabama Medicare beneficiaries. Members who meet specific income requirements may be eligible for a transitional assistance credit of up to \$600 a year from Medicare to help pay for prescriptions obtained when using the drug card. These members will be required to pay a certain percentage of the cost of their prescription drugs. This 5 percent or 10 percent coinsurance will be determined by the member’s income level. Each electronic claim transaction filed by your pharmacy for BlueRx members will return messaging identifying the remaining balance of the member’s credit. Certain prescription drugs are associated with additional manufacturer discounts. These additional discounts will be taken at the point of purchase and will then be reimbursed to your pharmacy on a weekly remittance. Medications may be filled up to a 90-day supply.

## **BlueRx Prescription Discount Card Network (Medicare-Approved Prescription Discount Card) Reimbursement Schedule for Participating Pharmacies**

You will be reimbursed your customary price or the price calculated by the applicable formula, whichever is lower. Always enter your **low cash price**.

Drug dispensed to members of the Blue Rx Prescription Discount Card Network will be priced using the following formulas:

### **Generic Price**

MAC + \$2.50 Dispensing Fee

### **Brand Price**

AWP - 13 percent + \$2.00 Dispensing Fee

Remember, you will be reimbursed the calculated price or your customary cash price, whichever is lower.

The BlueRx Prescription Discount Card program utilizes drug pricing provided by Medi-Span. This company supplies weekly updates for our pricing file. These updates insure that the most current average wholesale prices are used in calculating reimbursement.

Under the terms of the Medicare Prescription Discount Card Program, the Medicare beneficiary will primarily reimburse you.

Additional terms and conditions required by CMS are as follows:

1. The Network Pharmacy hereby agrees to participate in the Medicare Approved Drug Discount Card Program and adhere to all applicable statutes and regulations. The term of the BlueRx Prescription Discount Card Network Agreement shall be for the term June 1, 2004 through December 31, 2005.
2. Pharmacy agrees to comply with all applicable federal and state laws (including anti-kickback statutes and the privacy and security provisions stated in the regulations for this program at 42CFR §403.812.)
3. Pharmacy services shall be performed in a manner required to support the BlueRx Prescription Discount Card.

## Specialty Retail Medications

The Specialty Retail Pharmacy Network is an open network with the objective to allow all participating pharmacies the opportunity to participate in the Specialty Drug Program. We realize some retail pharmacies do not routinely stock specialty pharmacy medications and may not choose to fill these prescriptions at the calculated AWP. It is acceptable if a retail pharmacy chooses not to fill a specialty medication. If you choose not to fill a specialty prescription for a Blue Cross and Blue Shield of Alabama customer, please ask the customer to call the Customer Service telephone number located on the back of his/her identification card. A Customer Service Representative will assist in locating a pharmacy able to fill the specialty medication needed by the customer.

## Specialty Retail Pharmacy Pricing

<u>Brand Name</u>	<u>Therapeutic Class</u>	<u>GPI – 10 digit</u>	<u>% Discount</u>
Actimmune	Immune Deficiency	2170006070	16
Advate	Hemophilia	8510001025	30
Alphanate/Factor 8	Hemophilia	8510001000	36
Alphanine SD/VF – Factor 9	Hemophilia	8510002800	36
Antagon	Infertility	3009004010	19
Aranesp	Anemia/Neutropenia	8240101512	17
Arixtra	DVT/Anti-Coagulation	8310303010	17
Autoplex-T	Hemophilia	8510002000	36
Avonex	Multiple Sclerosis	2170006045	18
Avonex	Multiple Sclerosis	6240306045	18
Bebulin VH – Factor 9	Hemophilia	8510003000	20
Benefix – Factor 9	Hemophilia	8510002820	20
Betaseron	Multiple Sclerosis	2170006050	18
Betaseron	Multiple Sclerosis	6240306050	18
Bravelle	Infertility	3006209010	19
Carimune	Immune Deficiency	1910002010	16
Cetrotide	Infertility	3009002510	19
Chorex – 10	Infertility	3006202000	19
Chorionic Gonadotropin	Infertility	3006202000	19
Copaxone	Multiple Sclerosis	6240003010	18
Copegus	Hepatitis	1235307000	18
Enbrel	Rheumatoid Arthritis	6629003000	17
Epogen	Anemia/Neutropenia	8240102000	17
Feiba VH	Hemophilia	8510002000	36
Fertinex	Infertility	3006209010	19
Follistim	Infertility	3006203010	19
Forteo	Endocrinology	3004407000	17
Genotropin	Growth Hormone	3010002000	18
Gonal-F	Infertility	3006203005	19
Helixate (Factor 8)	Hemophilia	8510001020	36
Hemofil-M (Factor 8)	Hemophilia	8510001000	36
Hepsera	Hepatitis	1235201510	17
Humate (Factor 8)	Hemophilia	8510001510	36
Humatrope	Growth Hormone	3010002000	18
Humegon	Infertility	3006205000	19
Humira	Rheumatoid Arthritis	6627001500	17

Infergen	Hepatitis	1235304010	18
Intron	Hepatitis	2170006020	18
Kineret	Rheumatoid Arthritis	6626001000	17
Koate (Factor 8)	Hemophilia	8510001000	36
Kogenate (Factor 8)	Hemophilia	8510001020	36
Konyne	Hemophilia	8510003000	20
Leuprolide Acetate	Oncology	2140501010	17
Leuprolide Acetate	Oncology	9664504850	17
Lupron	Oncology	2140501010	17
Monac-M (Factor 9)	Hemophilia	8510001000	36
Monoclate-P (Factor 8)	Hemophilia	8510001000	36
Mononine (Factor 9)	Hemophilia	8510002800	36
Neulasta	Anemia/Neutropenia	8240157000	18
Neumega	Anemia/Neutropenia	8240306000	17
Neupogen	Anemia/Neutropenia	8240152000	18
Norditropin	Growth Hormone	3010002000	18
Novarel	Infertility	3006202000	19
Novoseven (Factor 7a)	Hemophilia	8510002620	30
Nutropin	Growth Hormone	3010002000	18
Nutropin AQ	Growth Hormone	3010002000	18
Nutropin Depot	Growth Hormone	3010002000	18
Ovidrel	Infertility	3006202205	19
Pegasys	Hepatitis	1235306005	18
Peg-Intron	Hepatitis	1235306010	18
Pergonal	Infertility	3006205000	19
Pregnyl	Infertility	3006202000	19
Procrit	Anemia/Neutropenia	8240102000	17
Profasi	Infertility	3006202000	19
Profilnine (Factor 9)	Hemophilia	8510003000	36
Proplex T (Factor 8)	Hemophilia	8510003000	25
Protropin	Growth Hormone	3010001000	18
Protropin AQ	Growth Hormone	3010001000	18
Raptiva	Psoriasis	9025052700	17
Rebetol	Hepatitis	1235307000	18
Rebetron	Hepatitis	1299500260	18
Rebif	Multiple Sclerosis	6240306045	18
Recombinate (Factor 8)	Hemophilia	8510001020	36
Refacto	Hemophilia	8510001020	35
Repronex	Infertility	3006205000	19
Ribavirin	Hepatitis	1235307000	18
Ribavirin	Hepatitis	9678580503	18
Roferon-A	Hepatitis	2170006010	18
Saizen	Growth Hormone	3010002010	18
Saizen	Growth Hormone	301002000	18
Serostim	Growth Hormone	3010002000	18
Serostim	Growth Hormone	3010002010	18
Tracleer	Pulmonary	4016001500	17

## Metric Quantity Conversions

When reporting metric quantities, providers should interpret metric quantity equivalents as such:

Apothecary Quantities of	Which are Equivalent to Labeled Metric Quantities of	Should be Reported as Metric Quantities of
1/2 oz.	14.2 gm. or cc	15
1 oz.	28.4 gm. or cc	30
2 x 1/2 oz.	2 tubes, 15 gm. each	30
1 1/2 oz.	46.6 gm. or cc	45
2 x 1 oz.	2 tubes, 28.4 gm. each	60
2 oz.	56.8 gm. or cc	60
4 oz.	118.5 gm. or cc	120
8 oz.	237 gm. or cc	240
16 oz.	473 gm. or cc	480

Use of this reporting procedure will afford proper cost payment for all quantities dispensed, as reimbursement rates have been predicted on this procedure.

In order to give providers a general idea of reporting reimbursements, several hypothetical cases with instructions are listed below:

- |    |     |  |
|----|-----|--|
| Rx | 1.  | Polymyxin B Ophthalmic Drops 500,000u (Reconstituted with 20 ml. to 50 ml. diluent)<br>Reported as 1 |
| Rx | 2.  | Zantac Injection - 25 mg/2cc vial - Report as 2. (Report 4 x 2 cc as 8)                              |
| Rx | 3.  | Ampicillin Injection 500 mg., 5 vials - Report as 5  |
| Rx | 4.  | Sterile Water Irrigant, 500 cc, 8 bottles - Report as 8 and use NDC on 500 cc bottle                 |
| Rx | 5.  | Albuterol Inhaler 17 gm. - Report as 17  |
| Rx | 6.  | Inderal Tablet 10 mg., #20 - Report as 20  |
| Rx | 7.  | Lanacort 5 0.05 percent, 22.5 gm. - Report as 23   |
| Rx | 8.  | Modicon 28-Day (and other dialpaks or packets) - Report as actual number of tablets dispensed        |
| Rx | 9.  | Klorvess Effervescent Granules Packets, 5 gm., #30 - Report as 30                                    |
| Rx | 10. | 3 vials of Humulin R U-100 Insulin, 10 cc each - Report as 30  |
| Rx | 11. | Penicillin V K for Suspension, 125 mg./5 cc, 100 cc - Report as 100                                  |
| Rx | 12. | Ru-Tuss Liquid 473ml - Report as 473   |
| Rx | 13. | Pegasys Kit 180 mcg/ml - Report 1  |

**Note:** These reporting procedures are applicable to legend drugs only.

## **Worker's Compensation**

Members of the following groups have 24-Hour Coverage through Blue Cross and Blue Shield of Alabama:

State of Alabama (group number 32035)  
Southern Company (group number 32042)  
Alabama Power (group number 32031)  
Citation Corporation (group number 32041)  
Jim Walter Resources, Inc. [group number 32068, 32080 (Black Lung)]  
Marshall Durbin, Inc. (group number 32070)

Claims for these groups must be submitted with contract prefix WRI and the appropriate group number. In addition, their covered prescriptions may require special instruction. Pharmacists should call 1 800 216-9920 for these instructions.

## **Advertising**

You may display your Participating Pharmacy decal on your door or storefront to inform the public that you are a Participating Pharmacy. This decal, in conjunction with your listing in the Participating Pharmacy Directory, is your best and most cost-effective form of advertising. If you feel you need additional advertising, we have prepared a camera-ready "notice of participation" for your use in local newspapers. This notice will be the only approved use of our name and logo. We will be happy to send you a copy of the notice and a specification sheet upon request.

We are aware of some advertisements and direct mail materials using our logo and/or name, and we request that they be discontinued immediately. Some of these existing materials include misrepresentations of our program [e.g., that it is part of our Preferred Medical Doctor (PMD) program]. Others incorrectly imply coverage of specific products because the logo has been used as part of a product advertisement. This type of unauthorized use of the program logo and/or name is the reason we cannot allow individual advertising.



## **Rejection Codes**

The point-of-sale system should make it unnecessary for a pharmacist to file paper claims. Paper claims are subject to the following rejection code:

9DR - Prescription drugs must be filed online.

### **Online rejection codes include the following most common rejections:**

- 07 - Missing/Invalid Cardholder Identification. (The contract number is incorrect or the customer does not have Point-of-Sale coverage.)
- 09 - Missing/Invalid Date of Birth. (The birth date entered must agree with information on file at Blue Cross and Blue Shield of Alabama.)
- 10 - Missing/Invalid Gender Code. (Verify male or female.)
- 70 - Product/Service Not Covered. (Some drugs may need prior authorization when medically necessary.)
- 76 - Plan Limitations Exceeded. (The day supply is greater than allowed.)
- 79 - Refill Too Soon. (The customer must use 60 percent of the days supply on prepaid contract and 50 percent on Major Medical Point-of-Sale on the previous prescription. Call Customer Service if a prior authorization is needed.)
- 81 - Claim Too Old. (The prescription is over one year old.)

**National Council for Prescription Drug Programs Data Element Dictionary -  
Reject Codes Version 5.1**  
(Revised: August 2003)

Version 5.1 Reject Codes for Telecommunication Standard		
Reject Code	Explanation	Field Number Possibly In Error
00	("M/I" Means Missing/Invalid)	
01	M/I Bin Number	101
02	M/I Version/Release Number	102
03	M/I Transaction Code	103
04	M/I Processor Control Number	104
05	M/I Service Provider ID	201
06	M/I Group ID	301
07	M/I Cardholder ID	302
08	M/I Person Code	303
09	M/I Date of Birth	304
1C	M/I Smoker/Non-Smoker Code	334
1E	M/I Prescriber Location Code	467
10	M/I Patient Gender Code	305
11	M/I Patient Relationship Code	306
12	M/I Patient Location	307
13	M/I Other Coverage Code	308
14	M/I Eligibility Clarification Code	309
15	M/I Date of Service	401
16	M/I Prescription/Service Reference Number	402
17	M/I Fill Number	403
19	M/I Days Supply	405
2C	M/I Pregnancy Indicator	335
2E	M/I Primary Care Provider ID Qualifier	468
20	M/I Compound Code	406
21	M/I Product/Service ID	407
22	M/I Dispense As Written (DAW)/Product Selection Code	408
23	M/I Ingredient Cost Submitted	409
25	M/I Prescriber ID	411
26	M/I Unit of Measure	600
28	M/I Date Prescription Written	414
29	M/I Number of Refills Authorized	415
3A	M/I Request Type	498-PA
3B	M/I Request Period Date-Begin	498-PB
3C	M/I Request Period Date-End	498-PC
3D	M/I Basis of Request	498-PD
3E	M/I Authorized Representative First Name	498-PE
3F	M/I Authorized Representative Last Name	498-PF
3G	M/I Authorized Representative Street Address	498-PG
3H	M/I Authorized Representative City Address	498-PH
3J	M/I Authorized Representative State/Province Address	498-PJ
3K	M/I Authorized Representative Zip/Postal Zone	498-PK

<b>Version 5.1 Reject Codes for Telecommunication Standard</b>		
<b>Reject Code</b>	<b>Explanation</b>	<b>Field Number Possibly In Error</b>
3M	M/I Prescriber Phone Number	498-PM
3N	M/I Prior Authorization Number Assigned	498-PY
3P	M/I Authorization Number	503
3R	Prior Authorization Not Required	407
3S	M/I Prior Authorization Supporting Documentation	498-PP
3T	Active Prior Authorization Exists Resubmit at Expiration of Prior Authorization	
3W	Prior Authorization in Process	
3X	Authorization Number Not Found	503
3Y	Prior Authorization Denied	
32	M/I Level of Service	418
33	M/I Prescription Origin Code	419
34	M/I Submission Clarification Code	420
35	M/I Primary Care Provider ID	421
38	M/I Basis of Cost Determination	423
39	M/I Diagnosis Code	424
4C	M/I Coordination of Benefits/Other Payments Count	337
4E	M/I Primary Care Provider Last Name	570
40	Pharmacy Not Contracted With Plan on Date of Service	None
41	Submit Bill to Other Processor or Primary Payer	None
5C	M/I Other Payer Coverage Type	338
5E	M/I Other Payer Reject Count	471
50	Non-Matched Pharmacy Number	201
51	Non-Matched Group ID	301
52	Non-Matched Cardholder ID	302
53	Non-Matched Person Code	303
54	Non-Matched Product/Service ID Number	407
55	Non-Matched Product Package Size	407
56	Non-Matched Prescriber ID	411
58	Non-Matched Primary Prescriber	421
6C	M/I Other Payer ID Qualifier	339
6E	M/I Other Payer Reject Code	472
60	Product/Service Not Covered For Patient Age	302, 304, 401, 407
61	Product/Service Not Covered For Patient Gender	302, 305, 407
62	Patient/Card Holder ID Name Mismatch	310, 311, 312, 313, 302
63	Institutionalized Patient Product/Service ID Not Covered	
64	Claim Submitted Does Not Match Prior Authorization	201, 401, 404, 407, 416
65	Patient Is Not Covered	303, 306
66	Patient Age Exceeds Maximum Age	303, 304, 306
67	Filled Before Coverage Effective	401
68	Filled After Coverage Expired	401
69	Filled After Coverage Terminated	401
7C	M/I Other Payer ID	340

<b>Version 5.1 Reject Codes for Telecommunication Standard</b>		
<b>Reject Code</b>	<b>Explanation</b>	<b>Field Number Possibly In Error</b>
7E	M/I DUR/PPS Code Counter	473
70	Product/Service Not Covered	407, 489
71	Prescriber Is Not Covered	411
72	Primary Prescriber Is Not Covered	421
73	Refills Are Not Covered	402, 403
74	Other Carrier Payment Meets or Exceeds Payable	409, 410, 442
75	Prior Authorization Required	462
76	Plan Limitations Exceeded	405, 442
77	Discontinued Product/Service ID Number	407
78	Cost Exceeds Maximum	407, 409, 410, 442
79	Refill Too Soon	401, 403, 405
8C	M/I Facility ID	336
8E	M/I DUR/PPS Level of Effort	474
80	Drug-Diagnosis Mismatch	407, 424
81	Claim Too Old	401
82	Claim Is Post-Dated	401
83	Duplicate Paid/Captured Claim	201, 401, 402, 403, 407
84	Claim Has Not Been Paid/Captured	201, 401, 402
85	Claim Not Processed	None
86	Submit Manual Reversal	None
87	Reversal Not Processed	None
88	DUR Reject Error	
89	Rejected Claim Fees Paid	
90	Host Hung Up	Host Disconnected Before Session Completed
91	Host Response Error	Response Not in Appropriate Format to be Displayed
92	System Unavailable/Host Unavailable	Processing Host Did Not Accept Transaction/Did Not Respond Within Time Out Period
*95	Time Out	
*96	Scheduled Downtime	
*97	Payer Unavailable	
*98	Connection to Payer is Down	
99	Host Processing Error	Do Not Retransmit Claim(s)
AA	Patient Spenddown Not Met	
AB	Date Written is After Date Filled	
AC	Patient Not Covered Non-Participating Manufacturer	
AD	Billing Provider Not Eligible to Bill This Claim Type	

<b>Version 5.1 Reject Codes for Telecommunication Standard</b>		
<b>Reject Code</b>	<b>Explanation</b>	<b>Field Number Possibly In Error</b>
AE	QMB (Qualified Medicare Beneficiary) – Bill Medicare	
AF	Patient Enrolled Under Managed Care	
AG	Days Supply Limitation for Product/Service	
AH	Unit Dose Packaging Only Payable for Nursing Home Recipients	
AJ	Generic Drug Required	
AK	M/I Software Vendor/Certification ID	110
AM	M/I Segment Identification	111
A9	M/I Transaction Count	109
BE	M/I Professional Service Fee Submitted	477
B2	M/I Service Provider ID Qualifier	202
CA	M/I Patient First Name	310
CB	M/I Patient Last Name	311
CC	M/I Cardholder First Name	312
CD	M/I Cardholder Last Name	313
CE	M/I Home Plan	314
CF	M/I Employer Name	315
CG	M/I Employer Street Address	316
CH	M/I Employer City Address	317
CI	M/I Employer State/Province Address	318
CJ	M/I Employer Zip Postal Zone	319
CK	M/I Employer Phone Number	320
CL	M/I Employer Contact Name	321
CM	M/I Patient Street Address	322
CN	M/I Patient City Address	323
CO	M/I Patient State/Province Address	324
CP	M/I Patient Zip/Postal Zone	325
CQ	M/I Patient Phone Number	326
CR	M/I Carrier ID	327
CW	M/I Alternate ID	330
CX	M/I Patient ID Qualifier	321
CY	M/I Patient ID	332
CZ	M/I Employer ID	333
DC	M/I Dispensing Fee Submitted	412
DN	M/I Basis of Cost Determination	423
DQ	M/I Usual and Customary Charge	428
DR	M/I Prescriber Last Name	427
DT	M/I Unit Dose Indicator	429
DU	M/I Gross Amount Due	430
DV	M/I Other Payer Amount Paid	431
DX	M/I Patient Paid Amount Submitted	433
DY	M/I Date of Injury	434
DZ	M/I Claim/Reference ID	435
EA	M/I Originally Prescribed Product/Service Code	445

<b>Version 5.1 Reject Codes for Telecommunication Standard</b>		
<b>Reject Code</b>	<b>Explanation</b>	<b>Field Number Possibly In Error</b>
EB	M/I Originally Prescribed Quantity	446
EC	M/I Compound Ingredient Component Count	447
ED	M/I Compound Ingredient Quantity	448
EE	M/I Compound Ingredient Drug Cost	449
EF	M/I Compound Dosage Form Description Code	450
EG	M/I Compound Dispensing Unit Form Indicator	451
EH	M/I Compound Route of Administration	452
EJ	M/I Originally Prescribed Product/Service ID Qualifier	453
EK	M/I Scheduled Prescription ID Number	454
EM	M/I Prescription/Service Reference Number Qualifier	455
EN	M/I Associated Prescription/Service Reference Number	456
EP	M/I Associated Prescription/Service Date	457
ER	M/I Procedure Modifier Code	459
ET	M/I Quantity Prescribed	460
EU	M/I Prior Authorization Type Code	461
EV	M/I Prior Authorization Number Submitted	462
EW	M/I Intermediary Authorization Type ID	463
EX	M/I Intermediary Authorization ID	464
EY	M/I Provider ID Qualifier	465
EZ	M/I Prescriber ID Qualifier	466
E1	M/I Product/Service ID Qualifier	436
E3	M/I Incentive Amount Submitted	438
E4	M/I Reason For Service Code	439
E5	M/I Professional Service Code	440
E6	M/I Result of Service Code	441
E7	M/I Quantity Dispensed	442
E8	M/I Other Payer Date	443
E9	M/I Provider ID	444
FO	M/I Plan ID	524
GE	M/I Percentage Sales Tax Amount Submitted	482
HA	M/I Flat Sales Tax Amount Submitted	481
HB	M/I Other Payer Amount Paid Count	341
HC	M/I Other Payer Amount Paid Qualifier	342
HD	M/I Dispensing Status	343
HE	M/I Percentage Sales Tax Rate Submitted	483
HF	M/I Quantity Intended to be Dispensed	344
HG	M/I Days Supply Intended to be Dispensed	345
H1	M/I Measurement Time	495
H2	M/I Measurement Dimension	496
H3	M/I Measurement Unit	497
H4	M/I Measurement Value	499
H5	M/I Primary Care Provider Location Code	469
H6	M/I DUR Co-Agent ID	476
H7	M/I Other Amount Claimed Submitted Count	478
H8	M/I Other Amount Claimed Submitted Qualifier	479

<b>Version 5.1 Reject Codes for Telecommunication Standard</b>		
<b>Reject Code</b>	<b>Explanation</b>	<b>Field Number Possibly In Error</b>
H9	M/I Other Amount Claimed Submitted	480
JE	M/I Percentage Sales Tax Basis Submitted	484
J9	M/I DUR Co-Agent ID Qualifier	475
KE	M/I Coupon Type	485
M1	Patient Not Covered in this Aid Category	
M2	Recipient Locked In	
M3	Host PA Error	
M4	Prescription/Service Reference Number/Time Limit Exceeded	
M5	Requires Manual Claim	
M6	Host Eligibility Error	
M7	Host Drug File Error	
M8	Host Provider File Error	
ME	M/I Coupon Number	486
MZ	Error Overflow	
NE	M/I Coupon Value Amount	487
NN	Transaction Rejected at Switch or Intermediary	
PA	PA Exhausted/Not Renewable	
PB	Invalid Transaction Count for This Transaction Code	103, 109
PC	M/I Request Claim Segment	111
PD	M/I Request Clinical Segment	111
PE	M/I Request Coordination of Benefits/Other Payments Segment	111
PF	M/I Request Compound Segment	111
PG	M/I Request Coupon Segment	111
PH	M/I Request DUR/PPS Segment	111
PJ	M/I Request Insurance Segment	111
PK	M/I Request Patient Segment	111
PM	M/I Request Pharmacy Provider Segment	111
PN	M/I Request Prescriber Segment	111
PP	M/I Request Pricing Segment	111
PR	M/I Request Prior Authorization Segment	111
PS	M/I Transaction Header Segment	111
PT	M/I Request Worker's Compensation Segment	111
PV	Non-Matched Associated Prescription/Service Date	457
PW	Non-Matched Employer ID	333
PX	Non-Matched Other Payer ID	340
PY	Non-Matched Unit Form/Route of Administration	451, 452, 600
PZ	Non-Matched Unit of Measure to Product/Service ID	407, 600
P1	Associated Prescription/Service Reference Number Not Found	456
P2	Clinical Information Counter Out of Sequence	493
P3	Compound Ingredient Component Count Does Not Match Number of Repetitions	447
P4	Coordination of Benefits/Other Payments Count Does Not Match Number of Repetitions	337

<b>Version 5.1 Reject Codes for Telecommunication Standard</b>		
<b>Reject Code</b>	<b>Explanation</b>	<b>Field Number Possibly In Error</b>
P5	Coupon Expired	486
P6	Date of Service Prior to Date of Birth	304, 401
P7	Diagnosis Code Count Does Not Match Number of Repetitions	491
P8	DUR/PPS Code Counter Out of Sequence	473
P9	Field is Non-Repeatabe	
RA	PA Reversal Out of Order	
RB	Multiple Partial Not Allowed	
RC	Different Drug Entity Between Partial & Completion	
RD	Mismatched Cardholder/Group ID-Partial To Completion	301, 302
RE	M/I Compound Product ID Qualifier	488
RF	Improper Order of Dispensing Status Code on Partial Fill Transaction	
RG	M/I Associated Prescription/Service Reference Number on Completion Transaction	456
RH	M/I Associated Prescription/Service Date On Completion Transaction	457
RJ	Associated Partial Fill Transaction Not On File	
RK	Partial Fill Transaction Not Supported	
RM	Completion Transaction Not Permitted With Same Date of Service as Partial Transaction	401
RN	Plan Limits Exceeded on Intended Partial Fill Values	344, 345
RP	Out of Sequence "P" Reversal on Partial Fill Transaction	
RS	M/I Associated Prescription/Service Date on Partial Transaction	457
RT	M/I Associated Prescription/Service Reference Number on Partial Transaction	456
RU	Mandatory Data Elements Must Occur Before Optional Data Elements in a Segment	
R1	Other Amount Claimed Submitted Count Does Not Match Number of Repetitions	478, 480
R2	Other Payer Reject Count Does Not Match Number of Repetitions	471, 472
R3	Procedure Modifier Code Count Does Not Match Number of Repetitions	458, 459
R4	Procedure Modifier Code Invalid for Product/Service ID	407, 436, 459
R5	Product/Service ID Must be Zero When Product/Service ID Qualifier Equals 06	407, 436
R6	Product/Service Not Appropriate for This Location	307, 407, 436
R7	Repeating Segment Not Allowed in Same Transaction	
R8	Syntax Error	
R9	Value in Gross Amount Due Does Not Follow Pricing Formulae	430
SE	M/I Procedure Modifier Code Count	458
TE	M/I Compound Product ID	489
UE	M/I Compound Ingredient Basis of Cost Determination	490



Version 5.1 Reject Codes for Telecommunication Standard		
Reject Code	Explanation	Field Number Possibly In Error
VE	M/I Diagnosis Code Count	491
WE	M/I Diagnosis Code Qualifier	492
XE	M/I Clinical Information Counter	493
ZE	M/I Measurement Date	494

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## Frequently Asked Questions

### Question

What if the customer does not have his Blue Cross and Blue Shield of Alabama or Preferred Care Services, Inc. identification card with him at the time of dispensing?

### Answer

If you are filling a customer's prescription for the first time and the customer does not have his identification card with him, and does not know his contract number, you are not obligated to file online for him. However, you may call our Dedicated Pharmacy Customer Service Department at 1 800 216-9920 for assistance.

### Question

What if the identification card does not contain the letters "Rx" or "Rx Point-of-Sale?"

### Answer

Not all groups have the letters "Rx" or "Rx Point-of-Sale" imprinted on their contract holder's cards. If the identification card does not have "Rx" or "Rx Point-of-Sale," you should try to submit online for verification.

### Question

How can I know if a subscriber has family or individual coverage?

### Answer

The point-of-sale system will verify family or individual coverage. Additionally, each subscriber should know if his dependents are covered. You can call Pharmacy Customer Service at 1 800 216-9920 to verify dependents.

### Question

What if the prescription indicates a three-month supply, but the drug is not a maintenance drug?

### Answer

With many groups, if the drug is not a maintenance drug, we will only pay for a 30 or 34-day supply. With the copayment plan, the pharmacist can dispense as written but days over 34 may not be covered. With the Major Medical Point-of-Sale plan, the patient is limited to a 90-day supply.

### Question

What if I cannot find a National Drug Code (NDC) number with eleven digits?

### Answer

The eleven-digit NDC number is made up of three different classifications. The first five digits are the labeler, the sixth through ninth digits are the product number, and the last two digits are package size.

Labeler	Product	Package size
11111	2222	33

**Question**

If any of these numbers have less than the required number of digits, you should add zeros to the beginning of that portion to make it the proper length. The following is an example:

Labeler: 1111  
Product Number: 222  
Package Size: 33  
Should be written: 01111022233

If these zeros are not added, it is impossible to identify the NDC number and the claim will be rejected.

**Question**

What if my acquisition cost is greater than the reimbursement?

**Answer**

Prescription drug claims are processed and priced based on a national drug data file. Updates are made at the beginning of each week. If you question the reimbursement made for a particular claim, please send a written explanation with attached invoices to:

Blue Cross and Blue Shield of Alabama  
Pharmacy Benefit Management  
450 Riverchase Parkway East  
Birmingham, Alabama 35298

**Question**

How do I know what a group's copayment is?

**Answer**

The point-of-sale system will display the proper copayment when the prescription is processed through the system.

**Question**

Is the Participating Pharmacy Program part of the Blue Cross Preferred Care program?

**Answer**

No. The pharmacy program is a free-standing benefit option available to our groups. It is not a part of Preferred Care or the Preferred Medical Doctor (PMD) Program. Use of either of these names in association with the pharmacy program is a misrepresentation of your participation and misleading to our customers.

**Question**

What if the cost of the drug is less than the patient's copayment?

**Answer**

If the cost is less than the patient's copayment, you must process the prescription anyway. You should take whatever the cost is and apply that to the patient's copayment.

**Question**

May I withdraw from the Participating Pharmacy program?

**Answer**

Pharmacies may cancel their participating status by providing Blue Cross and Blue Shield of Alabama or Preferred Care Services, Inc. with a 30 day written notice. However, once a pharmacy is removed from the Prescription Drug Program, it cannot be reinstated. Pharmacies cannot limit participation for select groups, but must participate for all Blue Cross and Blue Shield of Alabama and Preferred Care Services, Inc. business.

**Question**

What is the "low cash price"

**Answer**

Your pharmacy's low cash price is the retail price you charge a cash customer, including all discounts offered to senior citizens, frequent shoppers, patients enrolled in special programs, etc. According to your agreement to be a Participating Pharmacy, you agree to transmit your low cash price with each transaction. Without this information, the response from the computer system may be higher than your low cash price. As a result, patients pay more for a drug product "as a member of this program" than they paid as cash customers or members of another program. When that occurs, patients may complain to their group, take their business elsewhere, or otherwise let you know they are dissatisfied with the cost of their medications.

# Blue Cross and Blue Shield of Alabama/Preferred Care Services, Inc. Payer Specification Sheet

June 16, 2004

Bin #: 004915

States: National

Destination: Blue Cross and Blue Shield of Alabama

Accepting: Claim Adjudication, Reversals

Format: NCPDP Version 5.1

## 1. Segment And Field Requirements By Transaction Type

### BILLING (B1), REVERSAL (B2), and REBILLING (B3) TRANSACTION DATA ELEMENTS (M-Mandatory, S-Situational, \*\*\*R-Repeat Field)

Transaction Header Segment - Mandatory			Segment is Required.
NCPDP Field	Field Name	Mandatory or Situational	COMMENTS/VALUES
101-A1	BIN NUMBER	M	
102-A2	VERSION/RELEASE NUMBER	M	51
103-A3	TRANSACTION CODE	M	B1, B2 or B3 only
104-A4	PROCESSOR CONTROL NUMBER	M	
109-A9	TRANSACTION COUNT	M	01 - 04 (up to 4 transactions per B1 and B3 transmission) accepted; only 01 for a B2 transaction
202-B2	SERVICE PROVIDER ID QUALIFIER	M	07 (NCPDP ID)
201-B1	SERVICE PROVIDER ID	M	Value for the qualifier used in 202-B1 above
401-D1	DATE OF SERVICE	M	CCYYMMDD
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	Use value for Switch's requirements. If submitting claim without a Switch, populate with blanks.

Patient Segment - Situational			Client REQUIRES Segment for B1, B2 and B3 transactions to locate correct member
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	01 - transmit ONLY if the segment is transmitted.
331-CX	PATIENT ID QUALIFIER	S	Not Required
332-CY	PATIENT ID	S	Not Required
304-C4	DATE OF BIRTH	S	Required
305-C5	PATIENT GENDER CODE	S	Required
310-CA	PATIENT FIRST NAME	S	Required
311-CB	PATIENT LAST NAME	S	Required
322-CM	PATIENT STREET ADDRESS	S	Not Required
323-CN	PATIENT CITY ADDRESS	S	Not Required
324-CO	PATIENT STATE / PROVINCE ADDRESS	S	Not Required
325-CP	PATIENT ZIP/POSTAL ZONE	S	Not Required
326-CQ	PATIENT PHONE NUMBER	S	Not Required
307-C7	PATIENT LOCATION	S	Not Required
333-CZ	EMPLOYER ID	S	Not Required
334-IC	SMOKER / NON-SMOKER CODE	S	Not Required
335-2C	PREGNANCY INDICATOR	S	Not Required

Insurance Segment – Situational			Segment is required for B1 and B3 transactions. Not required for B2 transaction.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	04 – transmit ONLY if the segment is transmitted.
302-C2	CARDHOLDER ID	M	Required. From ID Card
312-CC	CARDHOLDER FIRST NAME	S	Not Required
313-CD	CARDHOLDER LAST NAME	S	Not Required
314-CE	HOME PLAN	S	Not Required
524-FO	PLAN ID	S	Not Required
309-C9	ELIGIBILITY CLARIFICATION CODE	S	Not Required
336-8C	FACILITY ID	S	Not Required
301-C1	GROUP ID	S	Required. From ID Card
303-C3	PERSON CODE	S	Not Required
306-C6	PATIENT RELATIONSHIP CODE	S	Not Required

Claim Segment – Mandatory			Segment is required for B1, B2, and B3 transactions
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	07 – transmit ONLY if the segment is transmitted.
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	Required. Only value "1" is accepted
402-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	Required. Only supports 7 digit Rx #.
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	03
407-D7	PRODUCT/SERVICE ID	M	NDC number
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	S	Not required
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S	Not required
458-SE	PROCEDURE MODIFIER CODE COUNT	S	Required ONLY if Procedure Modifier Code Submitted.
459-ER	PROCEDURE MODIFIER CODE	S	Not Required
442-E7	QUANTITY DISPENSED	S	Required for B1 and B3 claims
403-D3	FILL NUMBER	S	Required for B1 and B3 claims
405-D5	DAYS SUPPLY	S	Required for B1 and B3 claims
406-D6	COMPOUND CODE	S	Required for B1 and B3 claims
408-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	S	Required for B1 and B3 claims
414-DE	DATE PRESCRIPTION WRITTEN	S	Required for B1 and B3 claims
415-DF	NUMBER OF REFILLS AUTHORIZED	S	Not Required
419-DJ	PRESCRIPTION ORIGIN CODE	S	Not Required
420-DK	SUBMISSION CLARIFICATION CODE	S	Not Required
460-ET	QUANTITY PRESCRIBED	S	Not Required. Partial Fills not supported.
308-C8	OTHER COVERAGE CODE	S	Not Required. Partial Fills not supported.
429-DT	UNIT DOSE INDICATOR	S	Not Required
453-EJ	ORIG PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	S	Not Required. Partial Fills not supported.
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	S	Not Required. Partial Fills not supported.
446-EB	ORIGINALLY PRESCRIBED QUANTITY	S	Not Required. Partial Fills not supported.
330-CW	ALTERNATE ID	S	Not Required
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	S	Not Required
600-28	UNIT OF MEASURE	S	Not Required
418-DI	LEVEL OF SERVICE	S	Not Required
461-EU	PRIOR AUTHORIZATION TYPE CODE	S	
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	S	Not Required
464-EX	INTERMEDIARY AUTHORIZATION ID	S	No Required
343-HD	DISPENSING STATUS	S	Not Required. Partial Fills not supported.
344-HF	QUANTITY INTENDED TO BE DISPENSED	S	Not Required. Partial Fills not supported.

345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	S	Not Required. Partial Fills not supported.
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Pharmacy Provider Segment Situational			Segment is Not Required
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	02 – transmit ONLY if the segment is transmitted.
465-EY	PROVIDER ID QUALIFIER	S	Not Required
444-E9	PROVIDER ID (NCPDP #)	S	Not Required

Prescriber Segment – Situational			Segment is Required for B1 and B3 transaction
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	03 – transmit ONLY if the segment is transmitted.
466-EZ	PRESCRIBER ID QUALIFIER	S	Required. Use 12
411-DB	PRESCRIBER ID	S	Submit UPIN in Alabama, otherwise submit DEA or UPIN
467-1E	PRESCRIBER LOCATION CODE	S	Not Required
427-DR	PRESCRIBER LAST NAME	S	Not Required
498-PM	PRESCRIBER PHONE NUMBER	S	Not Required
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	S	Not Required
421-DL	PRIMARY CARE PROVIDER ID	S	Not Required
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	S	Not Required
470-4E	PRIMARY CARE PROVIDER LAST NAME	S	Not Required

COB/Other Payments Segment Situational			Segment is not required
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	05 – transmit ONLY if the segment is transmitted.
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M	
338-5C	OTHER PAYER COVERAGE TYPE	M***R***	
339-6C	OTHER PAYER ID QUALIFIER	S***R***	
340-7C	OTHER PAYER ID	S***R***	
443-E8	OTHER PAYER DATE	S***R***	
341-HB	OTHER PAYER AMOUNT PAID COUNT	S	
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	S***R***	
431-DV	OTHER PAYER AMOUNT PAID	S***R***	
471-5E	OTHER PAYER REJECT COUNT	S	
472-6E	OTHER PAYER REJECT CODE	S***R***	

Workers' Compensation Segment Situational			Segment is Not Required. Not Required for B2 transaction.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	06 – transmit ONLY if the segment is transmitted.
434-DY	DATE OF INJURY	M	
315-CF	EMPLOYER NAME	S	
316-CG	EMPLOYER STREET ADDRESS	S	
317-CH	EMPLOYER CITY ADDRESS	S	
318-CI	EMPLOYER STATE/PROVINCE ADDRESS	S	
319-CJ	EMPLOYER ZIP/POSTAL ZONE	S	
320-CK	EMPLOYER PHONE NUMBER	S	
321-CL	EMPLOYER CONTACT NAME	S	
327-CR	CARRIER ID	S	
435-DZ	CLAIM/REFERENCE ID	S	

DUR/PPS Segment Required Situational			Segment is Not Required. Use encouraged if applicable for B2 transaction.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	08 – transmit ONLY if the segment is transmitted.
473-7E	DUR/PPS CODE COUNTER	S***R***	Required if segment used. One to 9 occurrences are supported.
439-E4	REASON FOR SERVICE CODE	S***R***	Required if segment used.
440-E5	PROFESSIONAL SERVICE CODE	S***R***	Required if segment used.
441-E6	RESULT OF SERVICE CODE	S***R***	Required if segment used.
474-8E	DUR/PPS LEVEL OF EFFORT	S***R***	Required if segment used.
475-J9	DUR CO-AGENT ID QUALIFIER	S***R***	Required if 476-H6 used. Values 01, 02, 03 20.
476-H6	DUR CO-AGENT ID	S***R***	Encouraged if code DC, DD, ID, MC, TC in 439-E4.

Pricing Segment – Mandatory			Segment is Required for B1 and B3 transactions. Not Required for B2 transaction.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	11 – transmit ONLY if the segment is transmitted.
409-D9	INGREDIENT COST SUBMITTED	S	Required.
412-DC	DISPENSING FEE SUBMITTED	S	Not Required
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	S	Not Required
433-DX	PATIENT PAID AMOUNT SUBMITTED	S	Not Required
438-E3	INCENTIVE AMOUNT SUBMITTED	S	Not Required
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	S	Required if 480-H9 submitted.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	S***R***	Required if 480-H9 submitted
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	S***R***	Not Required
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	S	Required in applicable locations
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	S	Required in applicable locations.
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	S	Required if 483-GE submitted.
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	S	Required if 483-GE submitted.
426-DQ	USUAL AND CUSTOMARY CHARGE	S	Required
430-DU	GROSS AMOUNT DUE	S	Required.
423-DN	BASIS OF COST DETERMINATION	S	Not Required



Coupon Segment Situational			Segment is not required
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	09 – transmit ONLY if the segment is transmitted.
485-KE	COUPON TYPE	M	Required if Segment used.
486-ME	COUPON NUMBER	M	Required if Segment used.
487-NE	COUPON VALUE AMOUNT	S	

Compound Segment Situational			Not Required. Segment is NOT SUPPORTED.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	10 – transmit ONLY if the segment is transmitted.
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M	
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R***	
489-TE	COMPOUND PRODUCT ID	M***R***	
448-ED	COMPOUND INGREDIENT QUANTITY	M***R***	
449-EE	COMPOUND INGREDIENT DRUG COST	S***R***	
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S***R***	

Compound claims are to be submitted using the Compound Code field (406-D6) populated with a value of '2'.

Prior Authorization Segment Situational			Segment is not required
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	12 – transmit ONLY if the segment is transmitted.
498-PA	REQUEST TYPE	M	Values 1, 2, 3 accepted.
498-PB	REQUEST PERIOD DATE-BEGIN	M	Not used. Format must be correct, though.
498-PC	REQUEST PERIOD DATE-END	M	Not used. Format must be correct, though.
498-PD	BASIS OF REQUEST	M	Values ME, PR, PI, accepted
498-PE	AUTHORIZED REPRESENTATIVE FIRST NAME	S	Not Required.
498-PF	AUTHORIZED REPRESENTATIVE LAST NAME	S	Not Required
498-PG	AUTHORIZED REPRESENTATIVE STREET ADDRESS	S	Not Required
498-PH	AUTHORIZED REPRESENTATIVE CITY ADDRESS	S	Not Required
498-PJ	AUTHORIZED REPRESENTATIVE STATE/PROVINCE ADDRESS	S	Not Required
498-PK	AUTHORIZED REPRESENTATIVE ZIP/POSTAL ZONE	S	Not Required
498-PY	PRIOR AUTHORIZATION NUMBER--ASSIGNED	S	Not Required
503-F3	AUTHORIZATION NUMBER	S	Not Required
498-PP	PRIOR AUTHORIZATION SUPPORTING DOCUMENTATION	S	Not Required

Clinical Segment Situational			Not Required. Submit segment for B1 or B3 transaction ONLY if one or more specific fields are required for a specific claim.
NCPDP Field	Field Name	Mandatory or Situational	
111-AM	SEGMENT IDENTIFICATION	M	13 – transmit ONLY if the segment is transmitted.
491-VE	DIAGNOSIS CODE COUNT	S	Required if 424-DO populated.
492-WE	DIAGNOSIS CODE QUALIFIER	S***R***	Required if 424-DO populated
424-DO	DIAGNOSIS CODE	S***R***	Required for certain plan limitations.
493-XE	CLINICAL INFORMATION COUNTER	S***R***	Not Required. Not Supported.
494-ZE	MEASUREMENT DATE	S***R***	Not Required. Not Supported.
495-H1	MEASUREMENT TIME	S***R***	Not Required. Not Supported.
496-H2	MEASUREMENT DIMENSION	S***R***	Not Required. Not Supported.
497-H3	MEASUREMENT UNIT	S***R***	Not Required. Not Supported.
499-H4	MEASUREMENT VALUE	S***R***	Not Required. Not Supported.

NOTE: A "Situational" data element means the NCPDP Standard does not require data on all claims, but the PLAN SPONSOR reserves the possibility of use in specific claim situations. The "Mandatory" and "Required" fields within a "Situational" segment are only mandatory IF the segment is being utilized.

Situational segments can be transmitted, however, not all segments are supported. Please contact the information number for more information regarding the support of claim segments.

#### ELIGIBILITY VERIFICATION (E1) TRANSACTION DATA ELEMENTS

This client does NOT SUPPORT eligibility verification transactions.

#### PRIOR AUTHORIZATION (P1, P2, P3) TRANSACTION DATA ELEMENTS

This client does NOT SUPPORT prior authorization transactions

#### INFORMATION (N1, N2, N3) TRANSACTION DATA ELEMENTS

This client does NOT SUPPORT informational transactions

#### CONTROLLED SUBSTANCE REPORTING (C1, C2, C3) TRANSACTION DATA ELEMENTS

This client does NOT SUPPORT controlled substance reporting transactions

## 2. GENERAL INFORMATION

Live Date:

Maximum prescriptions per transaction: 4

Plan specific information, customer service,

Technical assistance, help desk: 800 216-9920

Pharmacy Registration with Payer

Required: Yes

Switch Support: NDC Envoy

**3. OTHER INFORMATION**

Prescriber ID – UPIN# is the required Prescriber ID in Alabama. DEA# is the preferred entry for Prescriber ID outside Alabama.

NOTE: The data elements listed in the SPECIFICATION SHEET are presented so as to encompass all Blue Cross and Blue Shield of Alabama/Preferred Care Services, Inc. subscriber plans. However, specific requirements may vary from plan to plan. The Technical Help Number can be called for detailed information regarding specific plan requirements.

*Blue Cross and Blue Shield of Alabama/Preferred Care Services, Inc.* provides online prospective DUR edits for all of their plans. Please contact the Help Desk for further information.

